



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

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|----------------------|----------------------|
| Application Number | 09/931,267 |
| Filing Date | August 16, 2001 |
| First Named Inventor | Clinton C.S. CHAPPLE |
| Examiner Name | R. Kallis |
| Group Art Unit | 1638 |

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|--|------------------------|----------|
| Total Number of Pages in This Submission <u>13</u> | Attorney Docket Number | 1422-005 |
|--|------------------------|----------|

ENCLOSURES (check all that apply)

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|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | 1) Certificate of Express Mail Label No. EV207751680US |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

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|--------------------|----------------------------------|--------------------------|--------------------|-------------------------|--|
| SUBMITTED BY | | Complete (if applicable) | | | |
| NAME & REG. NUMBER | Robert J. Jondle, Reg No. 33,915 | | | | |
| SIGNATURE | | DATE | September 20, 2004 | DEPOSIT ACCOUNT USER ID | |